



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

COMMERCE BUILDING
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FUEL BURNING EQUIPMENT TEST RECORD

(Use separate form for each appliance)

Address: _____ Date of Test: _____

Owner: _____

TYPE OF FUEL: Gas _____ Oil _____ Other _____

Make of Furnace/Boiler _____ Model # _____

Serial # _____ Max BTU Input: _____

Equipment venting type: Atmospheric _____ Induced Fan _____ Other _____

Total BTU input of all vented gas appliances into common chimney: _____

Type of Chimney: Masonry _____ Class B _____ Other _____

Type of Liner: None _____ Metal _____ Clay Tile _____ Combustion Air Supply Required? Yes _____ No _____

Safety & Operating Control Tests:

Yes **No** **Fuel Analysis/Flue Gas Analysis:** **Yes** **No**

Pilot/Flame Safeguard Operating Properly _____ Vents Properly Without Spillage _____

Limit(s) Operating Properly _____ Flame Stays Inside/Doesn't Roll Out _____

Operator(s) Operating Properly _____ Burner Lights Smoothly _____

Low Water Cut-Off Operating Properly _____ All Controls Operating Properly _____

	<u>Initial</u>	<u>Final</u>	<u>Visual Inspection</u>	<u>Yes</u>	<u>No</u>
Stack Temperature	_____ °F/Net	_____ °F/Net	Fuel Piping System - OK?	_____	_____
Oxygen	_____ %	_____ %	Vent Systems - Drafthood?	_____	_____
Carbon Dioxide	_____ %	_____ %	Connector, Vent Chimney - OK?	_____	_____
Carbon Monoxide	_____ %/ppm	_____ %/ppm	Heating Unit Safe?	_____	_____

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes _____ No _____

COMMENTS: _____

Name of Licensed Contractor: _____ Phone # _____

Address: _____

Person Conducting Test: _____

(Print Name)

(Signature)

City of Saint Paul Certificate of Competency card number for appropriate fuel: _____